

**FOR STUDENTS WHO HAVE PRIVATE HEALTH INSURANCE**

- 1) If you have private health insurance coverage for the 2007/2008 academic year, you are not required to purchase the Whitman College Student Health insurance plan.
- 2) If your private insurance policy terminates at any point during the 2007/2008 academic year, you will be required to purchase the Whitman College Health Insurance plan or another private insurance policy to cover you for the balance of the 2007/2008 academic year.
- 3) If you wish to supplement your private health insurance policy, you are welcome to purchase the Whitman College Student Insurance plan. If this is the case, please fill out both the yellow and the pink form.
- 4) If you do not mail or fax this form to us by August 10th, you will not be allowed to FINALIZE your registration for classes until we have received the form. In addition, you will automatically be billed for the Whitman College Student Insurance plan. The charge for the student insurance plan will be cancelled when we receive your private health insurance form.

Name: Last First

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Name:                      Last                      First	Whitman College ID#
/                      /	
Date of Birth: day/month/year (i.e. - 29 july 1989)	Social Security #

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Whitman College ID#

Name of insurance company \_\_\_\_\_

Insurance company address \_\_\_\_\_

Insurance member services phone number \_\_\_\_\_

Group/Policy number \_\_\_\_\_

Rx group number (if your company has a separate prescription group number) \_\_\_\_\_

Name of Subscriber (usually parent or guardian who purchases or provides insurance) \_\_\_\_\_

Member ID number (usually Social Security number) \_\_\_\_\_

I understand that Whitman College requires all full-time students to have health insurance. I waive the requirement to purchase Whitman College Student Health Insurance because I have the above private insurance. If I desire to supplement my coverage by purchasing Whitman College's Student Health Insurance, I will fill out and attach the yellow insurance form as well as this pink insurance form.

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Student's signature (Parent's signature if student is under 18 years of age)	Date
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**YOU MUST ATTACH A COPY OF BOTH SIDES OF YOUR INSURANCE CARD BELOW:**